## Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

| <b>ADMINISTR</b> | <b>ATIVE</b> | PROCED  | LIRES N  | OTICE | FILING   |
|------------------|--------------|---------|----------|-------|----------|
| ADMINISTRA       | HIIVL        | LIVOCED | OILES IA | UIICE | I IFIIAO |

| ADMINISTRATIVE PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NOTICE FILING                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------|--|
| AGENCY NAME<br>Public Service Commission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | CONTACT PERSON<br>Katherine Collier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                              | TELEPHONE NUMBER<br>601-961-5405 |                   |  |
| ADDRESS<br>P.O. Box 1174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | CITY<br>Jackson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              | STATE<br>MS                      | ZIP<br>39215      |  |
| EMAIL SUBMIT DATE 4/13/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | Name or number of rule(s): Interconnection and Net Metering Joint Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                              |                                  |                   |  |
| Short explanation of rule/amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | /repeal and reason(                       | s) for proposing rule/amendme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ent/repeal: 1                                                                                                                                                                                                | Γο consider t                    | he possibility of |  |
| implementing net metering and interconnection standards for Mississippi.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 77-3-45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| List all rules repealed, amended, or suspended by the proposed rule: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| ORAL PROCEEDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| An oral proceeding is scheduled for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r this rule on Date                       | : Time: Place:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                              |                                  |                   |  |
| X Presently, an oral proceeding is no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t scheduled on this                       | rule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                              |                                  |                   |  |
| If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filling of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency. |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| ECONOMIC IMPACT STATEMENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| Economic impact statement not required for this rule. X Concise summary of economic impact statement attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| TEMPORARY RULES PROPOSED ACTION ON RULES FINAL ACTION ON F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Repea<br>Adopt<br>Proposed fin<br>X 30 da | 1 Page 10 State 10 St | Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify): |                                  |                   |  |
| Printed name and Title of person authorized to file rules: Katherine Collier, Executive Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| Signature of person authorized to file rules:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |                                  |                   |  |
| Signature of person dutilonized to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | WRITE BELOW THIS LINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                              |                                  |                   |  |
| OFFICIAL FILING STAMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              | OFFICIAL FILING STAMP            |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SECI                                      | APR 1 3 2015  NINGSIGNIPPI RETARY OF STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                              |                                  |                   |  |
| Accepted for filing by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Accepted for filing by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                              | Accepted for filing by           |                   |  |



## DELBERT HOSEMANN Secretary of State

| CONCISE SUM                                                                                                  | MARY OF                                                                                              | ECONOMIC                                                                        | IMPACT                                            | STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| An Economic Impact Statement is req<br>Procedures Act. This is a Concise Sun<br>Secretary of State's Office. |                                                                                                      |                                                                                 |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
| AGENCY NAME Public Service Commission                                                                        |                                                                                                      | CONTACT PERSON TELEPHONE NUMBER Katherine Collier 601-961-5405                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
| ADDRESS<br>P.O. Box 1174                                                                                     | CITY<br>Jackson                                                                                      |                                                                                 |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
| EMAIL katherine.collier@psc.state.ms.us                                                                      |                                                                                                      | DESCRIPTIVE TITLE OF PROPOSED RULE Interconnection and Net Metering Joint Rules |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
| Specific Legal Authority Authorizing the promulga<br>Rule:<br>Miss. Code Ann. § 77-3-45                      | ation of                                                                                             | Reference to Rules<br>Rule:<br>NONE                                             | repealed, amer                                    | ided or suspended by the Proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| A. Estimated Costs and Benefits                                                                              |                                                                                                      |                                                                                 |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
| may avoid some gene<br>Resource Cost Test, t<br>per Mwh, resulting in                                        | ration costs on the joint rules as B/C of 1.1 current very                                           | of utilities. The<br>s may provide<br>9. Additional<br>y low presence           | e Synaps<br>\$170 per<br>lly, solar<br>e, may pro | supply electricity at a lower cost as Report found that under the To Mwh of benefits against costs of Seneration on a larger scale in ovide environmental enhancement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tal<br>\$143 |
| 2. Briefly describe the ne                                                                                   | ed for the pro                                                                                       | posed rule:                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
| •                                                                                                            |                                                                                                      |                                                                                 |                                                   | ide utility technical support and to<br>Iississippi ratepayers who wish to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| 3. Briefly describe the eff                                                                                  | Briefly describe the effect the proposed action will have on the public health, safety, and welfare: |                                                                                 |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e:           |
| 0 1                                                                                                          | -                                                                                                    | •                                                                               | •                                                 | welfare of ratepayers who implement the second seco |              |

4. Estimated Cost of implementing proposed action:
a. To the agency
Nothing X Minimal Moderate Substantial Excessive
b. To other state or local government entities
Nothing X Minimal Moderate Substantial Excessive

with federal regulations.

that business activity and employment may be increased, which would increase the general welfare. Additionally, the joint rules may promote generation that avoids emissions that federal agencies deem detrimental to public health, potentially reducing the cost of compliance

| 5.        | Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:                                                                                                                                                                |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | c. Cost:  Nothing X Minimal Moderate Substantial Excessive                                                                                                                                                                                                   |
|           | d. Economic Benefit: The Synapse Report estimates that benefits outweigh costs, with a                                                                                                                                                                       |
|           | stable B/C of about 1.19 in the mid-range.                                                                                                                                                                                                                   |
|           | ☐ Nothing ☐ Minimal X Moderate ☐ Substantial ☐ Excessive                                                                                                                                                                                                     |
| 6.        | Estimated impact on small businesses: NOT QUANTIFIABLE                                                                                                                                                                                                       |
|           | Nothing Minimal Moderate Substantial Excessive                                                                                                                                                                                                               |
|           | <ul> <li>a. Estimate of the number of small businesses subject to the proposed regulation: NOT<br/>QUANTIFIABLE</li> </ul>                                                                                                                                   |
|           | b. Projected costs for small businesses to comply:                                                                                                                                                                                                           |
|           | The Synapse Report estimates costs of approximately \$143 per Mwh, compared to anticipated potential benefits of \$170 per Mwh.                                                                                                                              |
|           | c. Statement of probable effect on impacted small businesses:                                                                                                                                                                                                |
|           | Small businesses that engage in solar electric generation apparatus sales and installation may benefit. Additionally, small businesses may choose to take advantage of the joint rules and self-supply electricity. Such small business, like ratepayers who |
|           | choose to participate, may benefit if the B/C, as indicated in the Synapse Report, are realized.                                                                                                                                                             |
| 7.        | The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option): <b>NO ALTERNATIVE</b>                                                                                                            |
|           | substantially less than moderately less than minimally less than                                                                                                                                                                                             |
|           | the same as minimally more than moderately more than                                                                                                                                                                                                         |
|           | substantially more than excessively more than                                                                                                                                                                                                                |
| 8.        | The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option): <b>NO ALTERNATIVE</b> ; <b>NOT QUANTIFIABLE</b>                                                                               |
|           | substantially less than moderately less than minimally less than                                                                                                                                                                                             |
|           | the same as minimally more than moderately more than                                                                                                                                                                                                         |
|           | substantially more than excessively more than                                                                                                                                                                                                                |
|           | nable Alternative Methods                                                                                                                                                                                                                                    |
| 1.        | Other than adopting this rule, are there less costly or less intrusive methods for achieving the                                                                                                                                                             |
|           | purpose of the proposed rule?                                                                                                                                                                                                                                |
|           | yes X no                                                                                                                                                                                                                                                     |
| 2.        | If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)                                                |
|           |                                                                                                                                                                                                                                                              |
|           |                                                                                                                                                                                                                                                              |
| C. Data a | nd Methodology                                                                                                                                                                                                                                               |
| 1.        | Please briefly describe the data and methodology you used in making the estimates required by this                                                                                                                                                           |

form.

Data and methodology discussions are included in the Synapse Report available from the MPSC. A review of a variety of such rules in forty-six states suggests that generally the associated benefits may outweigh costs. There is no indication of substantive continuing complaints or problems in those states. Complaints or problems are not expected in Mississippi, other than those associated with the standard necessary adjustments inherent with new programs.

## D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

All persons who desire to participate in a public hearing are directed to file with the Commission notice of their intent to participate and written comments or testimony on or before July 1, 2015. A public hearing with be set by the Commission at a later date, after receipt and review of filed comments.

| SIGNATURE    | TITLE                                |
|--------------|--------------------------------------|
|              | Executive Secretary                  |
| Hallin Colli |                                      |
| DATE         | PROPOSED EFFECTIVE DATE OF           |
| 4/13/15      | RULE                                 |
|              | 30 days after adoption of final rule |